

Entered - 3-17-00 - sb
CL 00L0177 ALEXIS HOLMES

CLAIM OF: **CHRIS FERRELL**
728 Bellemeade Avenue
Atlanta, Georgia 30318

For damages alleged to have been sustained as a result of driving over a collapsed street on February 5, 2000 at 735 Bellmeade Avenue.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Chris Ferrell** the sum of **\$893.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of driving over a collapsed street on February 5, 2000 at 735 Bellmeade Avenue** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0177

Date: 1/16/01

Claimant /Victim CHRIS FERRELL
(Atty) (Ins. Co.) _____
Address: 728 Bellemeade Avenue, Atlanta, Georgia 30318
Subrogation: _____ Claim for Property damage \$ 893.00 Bodily Injury \$ _____
Date of Notice: 3/17/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/5/00 Place: 735 Bellmeade Avenue, NW
Department Public Works Division Street Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damages when he drove over an area in the road that had collapsed that it shook his vehicle with such force that the tire blew out and the rim was bent. The City had notice of a problem on the street prior to the incident involving the claimant.


INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

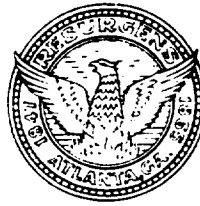
Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 893.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 01-19-01
Committee Action _____ Council Action _____



COPY

CITY OF ATLANTA

BILL CAMPBELL
MAYOR

DEPARTMENT OF LAW
Suite 4100
City Hall Tower
68 Mitchell Street, S.W.
Atlanta, Georgia 30335-0332
(404) 330-6400
FAX (404) 658-6894

SUSAN PEASE LANGFORD
CITY ATTORNEY

Writer's Direct Dial Number:

March 24, 2000

Chris Ferrell
728 Bellemeade Avenue
Atlanta, Georgia 30318

RE: Claim No. 00L0177

Dear Mr. Ferrell:

The claim which you recently submitted to the City for consideration has been forwarded to the undersigned for investigation and a report to Council will be rendered.

Upon the investigation being completed, a report of the findings and a recommendation of the City Attorney will be transmitted to the Council Committee on Finance. If this committee acts favorably on the matter, it will be forwarded to the City Council for action. Should the City Council approve payment of the claim, we will be in touch with you. In the event that your claim receives an unfavorable recommendation, you will be notified of this action through the office of the Clerk of Council.

You are advised that the procedure above referred to is established by law and **the acknowledgment of your written communication in no way waives the notice statute or the applicable Governmental Immunity statute.** This office is unable to effect a modification of the procedure. Claims are processed through this office in the order received and all claims are processed as quickly as possible.

Please forward all future correspondence concerning this matter to the undersigned.

Very truly yours,

Michael Reeves
Investigator

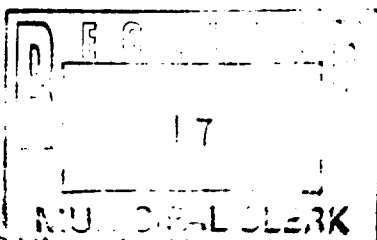
MR/sb

Reeves
03/20/00
JenCOUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/16/00ENTERED - 3-22-00 - SB
00LO177 - MIKE REEVES

Dear Municipal Clerk:



This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \$893.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: _____
(month/day/year)
2. Police called: Yes ☒ No
3. Location of incident: 728 Bellemecade Ave. 2 to 3 blocks past stop sign.
4. Name of your insurance company: Progressive Policy No. _____
5. State what and how incident occurred: I was driving down Bellemecade Ave. I was on my way to Kroger. All of this sudden there was something happened that shook my whole car really bad. I thought I had a tire blowout, it was such a strong force.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Honda Civic Ex 1998 735MTH Chris Ferrell
(make) (year) (tag number) (driver's name)
City vehicle: _____
(make) (City driver's name) (department/bureau)
8. Witness: _____
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by state law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Chris Ferrell

(claimant's name)

728 Bellemecade Ave.

(address)

Atlanta, GA 30318

(city and state)

(404) 377-1732 (404) 603-8438

(work number)

(home number)

1950 DeKalb Avenue Northeast Atlanta, Georgia 30307
Phone 373-3321

Fr
404377
UK
call between
1:2

Repair	Replace	DESCRIPTION OF LABOR OR MATERIALS	LABOR HRS. MIN.	PARTS	SUBLET
		fender right adjust			
		Front Sub Frame	4.5	38837	
		R Lower Control Arm Forward	1.4	14000	
		R Lower control arm Rear			
		Alignment	1.4		
		TOTAL			

REMARKS _____

7.3 HRS. OF LABOR AT \$ 45.¹² PER HR. \$ 328 50
 PARTS \$ 528 37
 PAINT MATERIALS \$ _____
 SUBLET \$ _____
 SALES TAX \$ 36 99
 TOWING \$ _____
 \$ _____
 TOTAL \$ 893 86

\$ _____ insurance deductible

This estimate is based on our inspection and does not cover additional parts or labor which may be required after the work has been started. After the work has started, worn or damaged parts which are not evident on first inspection may be discovered. Naturally this estimate cannot cover such contingencies. Parts prices subject to change without notice. This estimate is for immediate acceptance.

By 01-R-0146 This work authorized by _____